

**PARENTAL CONSENT FOR BILLING PUBLIC INSURANCE LANGUAGE FOR THE
IEP or IEP AMENDMENT
(IF INCLUDING THE PARENTAL CONSENT IN THE IEP or IEP AMENDMENT)**

For Medicaid or FAMIS (Family Access to Medical Insurance Securities) Insured Only

Consent to Release Information: I consent for _____ (LEA) to release information about my child's participation in services billed to Medicaid to participating physicians, other health care providers, the Department of Medical Assistance Services, and any Department of Medical Assistance Services billing agents, and any LEA billing agent as necessary to process Medicaid claims for reimbursement Medicaid covered health-related services and the evaluations for services outlined in the IEP.

Procedural Safeguard: I understand my right to deny consent for the school system to access my child's Medicaid coverage to seek reimbursement for the health-related services provided will not affect delivery of these services to my child. I understand that my permission is voluntary and may be revoked at anytime. I also understand that I have the right to request a copy of the records disclosed.

- ☐ I give consent for claims to be submitted to the State Medicaid Agency, as described above, for the services outlined in the Individualized Education Program (IEP), including duration and frequency and/or evaluations for IEP services.
- ☐ I do not give consent